## AMENDED IN ASSEMBLY APRIL 11, 2016 AMENDED IN ASSEMBLY MARCH 31, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

## ASSEMBLY BILL

No. 2235

## **Introduced by Assembly Member Thurmond**

February 18, 2016

An act to amend Section 1682 of, and to add Section 1601.4 to, the Business and Professions Code, relating to healing arts.

## LEGISLATIVE COUNSEL'S DIGEST

AB 2235, as amended, Thurmond. Board of Dentistry: pediatric anesthesia: committee.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. That act authorizes a committee of the board to evaluate all suggestions or requests for regulatory changes related to the committee and to hold informational hearings in order to report and make appropriate recommendations to the board, after consultation with departmental legal counsel and the board's chief executive officer. The act requires a committee to include in any report regarding a proposed regulatory change, at a minimum, the specific language or the proposed change or changes and the reasons therefor, and any facts supporting the need for the change.

The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for any dentist to fail to obtain the written informed consent of a patient prior to administering general anesthesia or conscious sedation. In the case of a minor, the act requires that the consent be obtained from the child's parent or guardian.

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This bill, which would be known as "Caleb's Law," would require the board, on or before March 31, 2017, to establish a committee to investigate whether the current laws, regulations, and policies of the state are sufficient to minimize the potential for injury or death in minors from the administration of general anesthesia or deep sedation for dental patients. The bill would require the committee, on or before September 1, 2017, to review all incident reports related to pediatric anesthesia in dentistry in the state for the years 2011 through 2016, inclusive, and to review the policies of other states and dental associations to ensure that this state has regulation and policies in place to do everything feasible to protect young patients. The bill would require the committee, on or before January 1, 2018, to recommend to the board any measures that would further reduce the potential for injury or death in minors from the administration of general anesthesia or deep sedation for dental patients. The bill would require the board, on or before January 1, 2018, to report the committee's recommendations to the Legislature and make the report publicly available on the board's Internet Web site. The bill also would require the board to provide a report on pediatric deaths related to general anesthesia or deep sedation in dentistry at the time of its sunset review by the appropriate policy committees of the Legislature.

This bill, with regard to obtaining written informed consent for general anesthesia or conscious sedation in the case of a minor, would require that the written informed consent include a form or forms approved by the board, containing specified information regarding the risk of an adverse event. risks of sedation and anesthesia medications and that use of appropriate monitoring equipment is required.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:* 

- 1 SECTION 1. This act shall be known, and may be cited, as 2 "Caleb's Law."
- 3 SEC. 2. Section 1601.4 is added to the Business and Professions
- 4 Code, to read:
- 5 1601.4. (a) The board, on or before March 31, 2017, shall
- 6 establish a committee to investigate whether the current laws,
- 7 regulations, and policies of the state are sufficient to minimize the

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potential for injury or death in minors from the administration of general anesthesia or deep sedation for dental patients.

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- (b) On or before September 1, 2017, the committee shall review all incident reports related to pediatric anesthesia in dentistry in the state for the years 2011 through 2016, inclusive, and shall review the policies of other states and dental associations as well as studies regarding the use of pediatric anesthesia to ensure that this state has regulation and policies in place to do everything feasible to protect young patients.
- (c) On or before January 1, 2018, the committee shall recommend to the board any measures that would further reduce the potential for injury or death in minors from the administration of general anesthesia or deep sedation for dental patients.
- (d) On or before January 1, 2018, the board shall report to the Legislature the recommendations of the committee pursuant to subdivision (c). The report shall be submitted in compliance with Section 9795 of the Government Code. The requirement for submitting a report imposed by this subdivision is inoperative on December 1, 2021, pursuant to Section 10231.5 of the Government Code. The board shall make the report publicly available on the board's Internet-Web site. Web site, and shall include, but is not limited to, the following anonymized demographic data of each patient reviewed: his or her age, weight, and sex; his or her primary diagnosis; the procedures performed; the sedation setting; the medications used; the monitoring equipment used; the provider responsible for sedation oversight; the provider delivering sedation; the provider monitoring the patient during sedation; and whether the sedation supervision performed one or more of the procedures.
- (e) The board shall provide a report on pediatric deaths related to general anesthesia or deep sedation in dentistry at the time of its sunset review pursuant to subdivision (d) of Section 1601.1.
- SEC. 3. Section 1682 of the Business and Professions Code is amended to read:
- 1682. In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for:
- (a) Any dentist performing dental procedures to have more than one patient undergoing conscious sedation or general anesthesia on an outpatient basis at any given time unless each patient is being continuously monitored on a one-to-one ratio while sedated by

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either the dentist or another licensed health professional authorized by law to administer conscious sedation or general anesthesia.

- (b) Any dentist with patients recovering from conscious sedation or general anesthesia to fail to have the patients closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from conscious sedation or general anesthesia. If one licensed professional is responsible for the recovery care of more than one patient at a time, all of the patients shall be physically in the same room to allow continuous visual contact with all patients and the patient to recovery staff ratio should not exceed three to one.
- (c) Any dentist with patients who are undergoing conscious sedation to fail to have these patients continuously monitored during the dental procedure with a pulse oximeter or similar or superior monitoring equipment required by the board.
- (d) Any dentist with patients who are undergoing conscious sedation to have dental office personnel directly involved with the care of those patients who are not certified in basic cardiac life support (CPR) and recertified biennially.
- (e) (1) Any dentist to fail to obtain the written informed consent of a patient prior to administering general anesthesia or conscious sedation. In the case of a minor, the *written informed* consent shall be obtained from the child's parent or guardian. include a form or forms approved by the board, which shall contain the following information:
- (2) The written informed consent, in the case of a minor, shall include a form or forms approved by the board, which shall contain the following information:
- (A) If the licensee will both perform the procedure and administer general anesthesia or deep sedation, that there is a greater risk of an adverse event, including but not limited to death, if the same person is performing the procedure and administering general anesthesia or deep sedation.
- (B) If the monitoring technologies recommended by the American Academy of Pediatric Dentistry will not be used, that doing so may increase the risk of an adverse event, including but not limited to death.
- "All sedation and anesthesia medications involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver, and kidney, and in some cases use

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of these medications may result in paralysis, cardiac arrest, or death from both known and unknown causes. Therefore, use of appropriate monitoring equipment, as described in subdivision (c) of Section 1682, is required."

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(2) For the purpose of this subdivision, administering general anesthesia or deep sedation shall include, but is not limited to, directing the administration of general anesthesia or deep sedation. Nothing in this subdivision shall be construed to establish the reasonable standard of care for administering general anesthesia or deep sedation.